# **Workforce and Employment Committee Agenda**

Friday, February 19, 2021

WebEx link: https://dhcs.webex.com/dhcs/j.php?MTID=m67bf8fadeca900c5b20f07e5402bf0a0

**Meeting number:** 145 244 1707 **Password:** WEC2021 **Join by phone**: 1-415-655-0001 **Access code:** 145 244 1707

9:00-10:15 a.m.

9:00 am	Welcome and Introductions  Dale Mueller, Chairperson and All Members	
9:05 am	CBHDA Perspective on Peer Specialist Certification Elia Gallardo, Director of Government Affairs, County Behavioral Health Directors Association (CBHDA)	Tab 1
9:20 am	Public Comment	
9:25 am	Discussion of Recommendations for DHCS Peer Certification Listening Session #1 Dale Mueller, Chairperson and All Members	Tab 2
10:05 am	Public Comment	
10:10 am	Next Steps Re: Recommendations for Listening Session #2 Dale Mueller, Chairperson and All Members	
10:15 am	Adjourn	

The scheduled times on the agenda are estimates and subject to change.

#### **Workforce and Employment Committee Members**

Chairperson: Dale Mueller Chair-elect: John Black

**Members:** Deborah Pitts, Walter Shwe, Arden Tucker, Vera Calloway, Karen Hart, Cheryl Treadwell, Steve Leoni, Lorraine Flores, Liz Oseguera, Kathi Mowers-Moore, Christine Costa,

Celeste Hunter, Uma Zykofsky, Christine Frey, Sokhear Sous (on leave)

**WET Steering Committee Members:** Le Ondra Clark Harvey, Kristin Dempsey, Janet Frank, Elia Gallardo, Olivia Loewy, E. Maxwell Davis, Robert McCarron, Kathryn Kietzman, Robb Layne

**Staff:** Ashneek Nanua, Justin Boese

# California Behavioral Health Planning Council Workforce and Employment Committee Friday, February 19, 2021

**Agenda Item:** CBHDA Perspective on Peer Specialist Certification

**Enclosures:** SB 803: Medi-Cal Peer Support Specialist Certification PowerPoint

Presentation

#### **How This Agenda Item Relates to Council Mission**

To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides the committee members with the county perspective regarding peer specialist certification in California. This information will be used to form policy recommendations to the Department of Health Care Services (DHCS) regarding the design and implementation of the peer certification program.

WEC Work Plan: This agenda item corresponds to WEC Work Plan Strategic Goal 2.0

<u>Strategic Goal 2.0:</u> Ensure through advocacy that any California mental health consumer who wants to work or be self-employed has minimal barriers and timely access to employment support services and pre-employment services across the lifespan to secure and retain a job or career of choice.

#### **Background/Description:**

The Workforce and Employment Committee will create recommendations for the design and implementation of the peer specialist certification program during DHCS' stakeholder process in 2021. Statute for the peer certification program does not mandate all county behavioral health agencies in California to participate but rather gives each county with the option to opt in.

The County Behavioral Health Directors Association of California (CBHDA) is a nonprofit advocacy association representing the behavioral health directors from each of California's 58 counties, as well as two cities (Berkeley and Tri-City). Through advocacy, lobbying and education efforts, CBHDA promotes the reduction of individual and community problems related to unaddressed behavioral health issues. CBHDA regularly brings together behavioral health professionals to discuss ways to inform public policy and improve the delivery of behavioral health services.

Elia Gallardo, CBHDA Director of Government Affairs, will present the county stakeholder perspective on peer certification to the Workforce and Employment Committee. This information will be used to help form policy recommendations that aim to decrease barriers and increase the county participation rate for peer certification programs across California.

Please contact Ashneek Nanua at Ashneek.Nanua@cbhpc.dhcs.ca.gov for a copy of the presentation.

# California Behavioral Health Planning Council Workforce and Employment Committee Friday, February 19, 2021

**Agenda Item:** Discussion of WEC Recommendations for Peer Certification

**Enclosures:** CBHPC Summary of DHCS Peer Specialist Certification Listening Session

DHCS Peer Specialist Certification Listening Session #1 PowerPoint

Peer Support Services – Seeking Federal Authorities

SAMHSA's Practice Guidelines: "What Are Peer Recovery Support Services?"

SAMHSA's Core Competencies for Peer Workers

CIBHS Working Well Together Webpage

<u>DHCS Peer Support Services Webpage</u> (Implementation Timeline/Listening Session #2 Information)

## **How This Agenda Item Relates to Council Mission**

To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides committee members with the opportunity to review and respond to policy questions proposed by the Department of Health Care Services (DHCS) for the design and implementation of peer specialist certification in California's public behavioral health system.

WEC Work Plan: This agenda item corresponds to WEC Work Plan Strategic Goal 2.0

<u>Strategic Goal 2.0:</u> Ensure through advocacy that any California mental health consumer who wants to work or be self-employed has minimal barriers and timely access to employment support services and pre-employment services across the lifespan to secure and retain a job or career of choice.

#### **Background/Description:**

Workforce and Employment Committee (WEC) staff attended and created a summary of the initial peer support specialist listening session held by the Department of Health Care Services in January 2021. Staff will review the questions that DHCS solicited for stakeholder input regarding the training requirements and scope of practice for peer specialist certification.

WEC members will discuss and provide policy recommendations for peer certification based on their experience and expertise, as well as the resources and presentations provided to the committee thus far. WEC staff will use the committee's input to submit recommendations to DHCS in response to the policies proposed during the January 2021 listening session.

Peer Specialist Certification, pursuant to Senate Bill 803, permits the Department of Health Care Services (DHCS) to seek federal approval to include Peer Support Specialists in the Medicaid State Plan as a unique provider type with an associated claiming code. This will allow peers to be reimbursed for services they provide across the Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) delivery systems. Counties will have the choice to opt in to provide this service. DHCS is currently in the planning process and will submit an implementation plan to the Centers for Medicare and Medicaid Services (CMS) for approval. A timeline for peer certification implementation is available on the Peer Support Services webpage.

The purpose of the first of two Peer Support Specialist listening sessions was to obtain public stakeholder input regarding the issues that were unclear or unspecific in the statute regarding the training requirements and scope of practice for statewide peer specialist certification. DHCS provided recommendations for topics that were not specified in statute based on best practices and asked attendees for input on each recommendation. The recommendations, questions solicited for input, and public responses for each topic are provided below.

## **Training requirements:**

## **Employment Training**

The number of training and continuing education requirements are not specified in statute.

<u>DHCS Questions</u>: Is a requirement of 40 hours of training appropriate for Peer Support Specialists? Is 20 hours of continuing education (6 of which must be in ethics) reasonable?

## Stakeholder responses:

- More clarification requested on training hours e.g.) Does the 40 hours training include lunch breaks? Is field training included in the 40 hours? Are 6 hours of continuing education in ethics really needed after 2 years in practice?
- Recommendation to distinguish between classroom training versus hands-on training and offer a combination of opportunities such as engagement and role play
- Recommendation to train parents on the children's mental health system and educate peer specialists on the difference between adult and child diagnoses
- Recommendation to include the following items in the training: trauma-informed care, reporting requirements, rapport-building, establishing connections, and boundaries to distinguish when peers should share or not share personal stories

## **Core Competencies**

DHCS provided 16 core competencies listed in statute on Page 17 of the <u>Listening Session</u> PowerPoint. These 16 core competencies, at minimum, must be included in the training.

**DHCS Question**: Are any core competencies missing from this list?

#### Stakeholder responses:

- Recommendation to include a framework to address structural racism under the cultural competency component
- Recommendation to include more information on the role of family members and educate parents on juvenile justice, special education, and regional center systems as they relate to children's mental health
- Recommendation to include history of the mental health consumer and family movement
- Recommendation to add the following core competencies: resiliency practices, motivational interviewing, reflective listening skills, and opportunities for team work

## Areas of Service Specialization

In addition to the 40-hour basic training, statute supports areas of specialization for distinct populations such as transition-age youth (TAY), veterans, sexual orientation and gender identity (SOGI), and other areas identified by DHCS.

<u>DHCS Questions</u>: Should DHCS add any specific areas of specialization to be required for peers in both SMHS and SUD? If so, what are the priority areas of specialization?

## Stakeholder responses:

- Recommendations to add the following specialties:
  - o parent peer support specialists which would include training on coaching, racialized trauma, domestic violence, and child trafficking
  - o trauma-informed care specialty and how to best assist victims
  - o mature adult specialty including dementia diagnoses, disabilities, and trauma to older adults
  - o crisis intervention specialty including suicide prevention at all age levels
  - o homelessness and housing specialty including harm reduction, housing first, street engagement, and outreach
- Recommendations for additional training topics included the following:
  - o training on how medication-assisted treatment (MAT) works and signs of abuse
  - o training for grandparents on special mental health needs of children
  - o training and support to help families who struggle with expressing emotion
- Recommendation to help peers understand the experiences disability culture and rights and integrate disability into the mental health system by using special accommodations

## **Scope of Practice:**

#### Range of Responsibilities

Statute does not specify the range of responsibilities for peer support specialists. DHCS recommends structured, scheduled, interactions and activities that promote socialization, recovery, self-advocacy, relapse prevention, development of natural supports, and maintenance of community living skills. DHCS provided the prompt, <u>Peer Providers and Federal Authorities</u>, which offers initial thoughts for the scope of practice for peer support specialists.

**<u>DHCS Question:</u>** Are any responsibilities missing from the prompt?

## Stakeholder responses:

- Recommendation to create different tracks for family members and peers due to their different experiences and perspectives
- Recommendation to have peers help with community reintegration e.g.) introducing individuals to self-help groups
- Recommendation to include self-understanding and counter-transference in the range of responsibilities
- Recommendation to revise the language around relapse and addiction to reflect a harm reduction approach

## Qualifications

Federal statute requires that peers are at least 18 years old, have a high school diploma or GED, self-identify as having lived experience or being a parent or family member, be willing to share their experience, have a strong dedication to recovery, sign a written agreement to the code of ethics, complete all training requirements, and pass a certification exam. DHCS is proposing to **not** add any more qualifications to ensure that qualified peers are encouraged to complete the certification process.

<u>**DHCS Question:**</u> Should Peer Support Specialists have any required additional qualifications that are missing from the list?

## **Stakeholder responses**:

- Recommendation to screen individuals before they are certified as peer specialists
- Recommendation to offer help with completing the GED in order to meet federal requirements
- Recommendation to ensure that peers understand that the certificate stands for skills competency and the 40-hour training is separate than the certification exam
- Recommendation to include linguistic competency in order to serve individuals with limited English language skills
- Recommendation to add an internship to help match peer training to available jobs and ensure a clear match between the certification and availability of jobs
- The following questions were brought forth to DHCS including:
  - o How will peers over the age of 18 relate to younger TAY?
  - o Do candidates with Bachelor's degrees still need to take the exam?
  - Will people with a history of justice involvement be excluded?

## Practice guidelines

Federal statute requires but does not specify standards for practice guidelines. DHCS is considering to model guidelines based on <u>SAMHSA's Practice Guidelines: What are Peer Recovery Support Services?</u>

**<u>DHCS Question:</u>** Are there other existing practice guidelines that the state should consider?

## **Stakeholder responses**:

- The following documents were recommended for consideration:
  - o SAMHSA guidelines: Core Competences for Peer Workers
  - California Association of Mental Health Peer Run Organizations (CAMHPRO) has outlined peer training aligned with SAMHSA's core competencies
  - The California Institute for Behavioral Health Solutions (CIBHS) has peer support practice guidelines and recommendations under the <u>Working Well</u> Together Project
  - National Association for Peer Supporters has guidelines for ethics and supervisors
- Recommendation to consider ethics for supervisors of peers including healthy mentorship, modeling, for all peers specialties
- Popular recommendation that peers should serve peers, family members should serve family members, and child peers should serve children
- Recommendation to integrate peer training at community colleges as a career program and offer an Associate's degree
- Recommendation to include the practice of linking consumers to a support network and support groups
- Recommendation to look at groups that face discrimination based on immigration and economic status

## **Supervision Standards**

Federal statute requires but does not specify the requirements for supervision standards. DHCS recommends that peer support specialists must provide services under the consultation, facilitation, or direct supervision of a behavioral health professional within their scope of practice.

<u>**DHCS Question:**</u> Are there important supervision considerations for Peer Support Specialists not captured?

## Stakeholder responses:

- Several comments asked about the definition of Behavioral Health Professional Are they administrators? Patient care providers? Licensed Professionals?
- Several recommendations to elevate peers to supervisory and administrative roles, otherwise, non-peer supervisors should be given special training since this is outside of their scope of practice
- Recommendation to look at Pennsylvania's guidelines for clinical supervision and Riverside County's peer supervision model

Please visit the <u>Peer Support Services</u> webpage for information regarding the peer specialist certification timeline and keep up-to-date on announcements and resources.